

Saint Timothy Catholic School Aftercare

Registration Form for the Saint Timothy Catholic School Aftercare Program 2025-2026

One child per Registration Form

To enroll your child in Aftercare, please complete this form, to be accompanied by a non-refundable Registration Fee of \$45.00 per student that will be charged through your FACTS account.

Child's Full Name _____ Child's Nickname _____

Are you registering for full-time or drop-in aftercare? _____

Child's Date of Birth ____/____/____ Sex: M F Grade: ____

Child's Address _____

Chronic Physical Problems/Pertinent Developmental Info/Special Accommodations Needed

Parent(s)/Information (If not applicable, write N/A. Do not leave any blank spaces)

Mother's Full Name _____

Address _____

Name of Employer _____

Address of Employer (City, State, Zip) _____

Email Address _____

Home Number _____ Work Number _____ Cell Number _____

Father's Full Name _____

Address _____

Name of Employer _____

Address of Employer (City, State, Zip) _____

Email Address _____

Home Number _____ Work Number _____ Cell Number _____

Guardian Information (If not applicable, write N/A)

Full Name _____

Address _____

Name of Employer _____

Address of Employer (City, State, Zip) _____ Email Address _____

Home Number _____ Work Number _____ Cell Number _____

EMERGENCY Information and Contact

Child's Name _____

Allergies or intolerance to Food, Medication, Adhesive, etc. and action to be given. **Please indicate NONE, if allergies aren't present.**

Child's Physician _____ Physician's Phone Number _____

EMERGENCY CONTACTS: Two People **OTHER THAN** Parent and/or Guardian cannot be reached

Name _____ Relation to Child _____ Phone (best contact) _____

Name _____ Relation to Child _____ Phone (best contact) _____

Person(s) AUTHORIZED to Pick-up Students (Identification Required)

Person(s) NOT AUTHORIZED to Pick-up Students (If parent, please submit custody papers)

PARENT/ GUARDIAN AGREEMENT

1. The Saint Timothy Catholic School Aftercare Program agrees to notify the parent/guardian whenever the child becomes ill. Parent(s)/guardian will arrange to have the child picked up as soon as possible.
2. The parent(s)/guardian authorizes the Saint Timothy Catholic School Aftercare Program to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. By signing, Parent/Guardian agrees to all rules in the Saint Timothy Catholic School Aftercare Handbook.

Parent(s)/Guardian

Date